## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT PATIENT DISCHARGE DATA PROGRAM MANUAL ABSTRACT REPORTING FORM

For use with discharges on 1/1/97 and after

Instructions: For a description of the data elements, refer to the appropriate section of Discharge Data Regulations (Sections 97210 through 97239, Title 22, California Code of Regulations).

1. TYPE OF CARE	1a. HOS	PITAL NUI	MBER			17.	ABSTRAC	TREC	ORD	NUME	BER (	Option	al)		
1 Acute 4 Psych 6 Phys															
3 SN/IC 5 Chem Dep Rehab						L		<del></del>		<u> </u>					
2. DATE OF BIRTH	20. PATI	ENT'S SO	CIAL SE	ECURI	TY NUMB	ER			3. S	EX					
									1 M			3 Othe			
Month Day Year (4 - Digit )		(000 00 00	001 If not	recorde	d in the me	dical red	cord)	_	2 F	emale	9	4 Unk	nown		
1 1 1 1 1 1	1	(********													
4. RACE ETHNICITY	RACE 1 White				4 Asian/l			,	5. Z	IP CC	DDE		<u> </u>		
1 Hispanic 3 Unknown	2 Black				5 Other										
2 Non-Hispanic		Amer/Eskir	mo/Aleu	t	6 Unknow	wn		,		L		<u> </u>	I		
6. ADMISSION DATE	9. DISCH	IARGE DA	TE						16.	TOTA	AL CH	IARGE	s		
			П		I				Γ						
Month Day Year		М	<i>lonth</i>	Day	y Ye	ear				(Ré	port w	hole doll	ars only,	right justified)	
7. SOURCE OF ADMISSION									8. T	YPE	OF A	DMISS	ION		
SITE	LICENSU	IRE OF SIT	E		ROUTE										
1 Home 5 Acute Inpatient Hosp Care	1 This Ho	ospital			1 <u>Your</u> E				1 5	Sched	uled *	*			
2 Residential   6 Other <u>Inpatient</u> Care Facility   Hosp Care		2 Another Hospital			2 Not <u>Your</u> ER (or no ER)					2 Unscheduled					
· · · ·		a i			(01 110 1	_IX)						r 24 hrs	s old		
3 Ambulatory 7 Newborn Surgery 8 Prison/Jail	3 Not a Hospita	al	ш					J	4 (	Jnkno	own				
4 LTC 9 Other	1			ı					* (Sc	hedule	d at lea	st 24 hou	rs before a	admission)	
DIAGNOSES				PRO	CEDURE	s									
10. PRINCIPAL DIAGNOSIS 10a. Present at	Admission				PRINCIPA		CEDURE								
Y = Yes	N = No				Co	ode	_		Dat	е					
U = Uncertain				Γ											
			J	L			M	onth	Da	,		ear	*15		
44 OTHER DIACNOSES 44- 5 11								Jilai	Da	′				more than four	
<ol> <li>OTHER DIAGNOSES</li> <li>11a. Present at</li> </ol>	Admission			13.	OTHER P	ROCEI	DURES*					,		more than four her Procedures,	
Y = Yes	Admission N = No		7	13.	OTHER P	ROCEI	DURES*						Ot		
		a		13. a.	OTHER P	ROCE	DURES*						Ot co Ot	her Procedures, de additional her Procedures	
Y = Yes	N = No	a	]	Γ	OTHER P	ROCE	DURES*						Ot co Ot on	her Procedures, de additional	
a. Y = Yes U = Uncertain	N = No			a. [	OTHER P	ROCEI	DURES*						Ot co Ot on Re	her Procedures, de additional her Procedures Supplemental	
a.  Y = Yes U = Uncertain  *If more than for Diagnoses, code C. Other Diagnose	N = No  ur Other e additional s on			a. [	OTHER P	ROCEI	DURES*						Ot co Ot on Re (S	her Procedures, de additional her Procedures Supplemental eporting Page	
a.  b.  "If more than for Diagnoses, cod Other Diagnose Supplemental R	N = No  Ir Other e additional s on eporting	b		a	OTHER P	ROCEI	DURES*						Ot co Ot on Re (S	her Procedures, de additional her Procedures Supplemental eporting Page ee reverse	
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a.  b.  'If more than for Diagnoses, code Other Diagnoses Supplemental R Page (See reve	N = No  Ir Other e additional s on eporting	b. c. d. 15. EXPE	are Cal	a. b. c. d.	CE OF PA 08 PF 09 Pr	YMEN <sup>-</sup> PO	Me	onth	Da	,	Ye E-CO	paar	Ott co Ott on Re (S sic	her Procedures, de additional her Procedures Supplemental eporting Page ee reverse de).	
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a.  b. "If more than for Diagnoses, codd Other Diagnoses Supplemental R Page (See revel)  14. DISPOSITION OF PATIENT  01 Routine (Home)  Within This Hospital  02 Acute Care  03 Other Care  04 LTC  05 Uncertain  16 Viff more than for Diagnoses, codd Other Diagnoses Supplemental R Page (See revel)  26 Viff more than for Diagnoses, codd Other Diagnoses Supplemental R Page (See revel)  27 LTC  Within This Hospital  08 Resident Care Facility  09 Prison/Jail  04 LTC  10 Against Med Advised	N = No  ur Other e additional s on eporting rse side).	b. c. d.  15. EXPE 01 Medic 02 Medi-( 03 Worke 04 Co Inc 05 CHAM	are Cal ers' Com digent Pi	a	08 PF 09 Pr 10 BI 11 Se 12 Ch	YYMEN'PO iv Insu ue Croue Crou	T r Co ss/Shield	onth	Da	,	Yee E-CCC 18. I	DDES Principa	Ot co Ot on Re (S sic	her Procedures, de additional her Procedures Supplemental eporting Page ee reverse de).	
a.  b.  c.  d.  14. DISPOSITION OF PATIENT  01 Routine (Home)  Within This Hospital  02 Acute Care  03 Other Care  04 LTC  10 Against Med Advice  To Another Care  11 Died  Y = Yes  U = Uncertain  *If more than for  Diagnoses, code  Other Diagnoses  Supplemental R  Page (See reve	N = No  ur Other e additional s on eporting rse side).	b. c. d. 15. EXPE 01 Medic 02 Medi-03 Worke 04 Co Inc 05 CHAN CHAN	are Cal ers' Com digent Pi MPUS/ MPUVA/	a	CE OF PA  08 PF  09 Pr  10 BI  11 Se  12 CF	YYMEN*  YYMEN*  YYMEN*  YOU  YOU  YOU  YOU  YOU  YOU  YOU  YO	T r Co ss/Shield	onth	Da	,	Yee E-CCC 18. I	DDES Principa	Ot co Ot on Re (S sic	her Procedures, de additional her Procedures Supplemental eporting Page ee reverse de).	
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## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT PATIENT DISCHARGE DATA PROGRAM

## SUPPLEMENTAL REPORTING PAGE

## For use with discharges on 1/1/97 and after

Instructions: For a more complete description of the data elements, refer to the California Patient Discharge Data Manual

1. ADDITIONAL OTHER DIAGNOSES	11a. PRESENT AT  ADMISSION  Y = Yes  N = No  U = Uncertain	12. ADDITIONAL OTHER PROCEDURES
		Code Date
e. <b>•</b>	e	e. e.
f. •	f	f f.
g. <b>•</b>	g	g. g.
h. <b>•</b>	h	h. h. h.
i. <b>•</b>	i	i. i. i.
j	j	j
k.	k	k.
1.	ı	L L
n. <b>•</b>	m	m m.
n. <b>p</b>	n	n. n.
o. <b>•</b>	o	o. 0.
р. 📗	р.	p. p.
q. <b>•</b>	q	q.
r. <b>1</b>	r	r r
s. <b>•</b>	s.	S. S.
t	t.	t. t.
u	u.	Month Day Year
v. <b>•</b>	v	
N	w	
х. 📗	х.	